SUMMARY OF FEEDBACK:

SHCIP Draft Preliminary Outline

Received as of September 12, 2013

The information that follows provides a topical summary of comments submitted to the State Health Care Innovation Feedback Network on the Draft Preliminary Outline provided for informal review to the federal Center on Medicare and Medicaid Innovation July 31. The Innovation Plan continues to evolve. The draft plan to be released in October will differ significantly from the July 31 outline. Feedback is informing our process and the evolving plan.

General recommendations

- Adjust the outline and plan language to be clear and succinct.
- Provide a clear explanation of the need for health system transformation: the specific roles for each category of participant; the need for change in how medical services are delivered; and the accompanying need for training and support.
- The project timeline (2014-19) is too short for reliable measurement of change.
- The target population ("the people of Washington state") is too large for measurement and references to who will be served are inconsistent (e.g., Medicaid recipients, persons with serious mental illness, people of Washington state)
- For effective measurement, need specific baseline and target measures in order to document change "before and after."
- Changes already underway associated with the Affordable Care Act will make it difficult to reliably identify the source of system improvements.
- The state plan should help to refocus primary care providers and managed care plans away from providing individual, disconnected services to improving the health of those they serve.
- Include community-based programs and strategies as well as non-traditional medical/healthcare delivery partners in the definition of "health system."

Health care providers & supporting services

- Formally develop the concept of community health workers to provide important linkages between physical and behavioral health and social determinants of health (housing, social services, etc.)
- Develop a certification system for community health workers providing the new linkages between providers and community services. Payment for this "less expensive workforce" needs to be a living wage.
- Figure out how to prepare the workforce (train, expand, etc.) for all adjustments associated with health system transformation.
- Regional health extension systems can be organized and accountable to serve the unique needs of their respective regions.
- Regional health extension systems can be conveners and champions for a community-based health information exchange (HIE).
- HIE could be community-based, serving to link and align community health systems and mobilize the available services.
- HIE has the potential to be an expensive sink-hole of dollars, and a distraction to improving the health and well-being of individuals and families.

Social determinants of health (housing, food, social programs, education, availability of living wage jobs, etc.)

- Link and align health systems with community programs in the area of "social determinants" that address disparities, such as programs to address homelessness, family support activities, income, education, food programs, etc.
- Recommend inclusion of these non-traditional services related to health in (1) the coordination of work and (2) participation between health care providers and public health.
- How do we inspire the stockholders or boards of directors of insurance companies to be more concerned with and invest in social determinants?
- It may be more realistic to ask public health to improve health by promoting policies, programs, and investments that improve fundamental determinants of health.

Role of the State:

- Clearly define the state's role (purchaser of services, legal and statutory responsibilities, etc.) vs. the roles of payers (health plans), providers (physician groups, hospitals/medical centers, community clinics, etc.), and commercial services (pharma, device/equipment manufacturers, etc.) for both health care provision and health care payment.
- Distinguish what the State can do on its own authority as a purchaser of services vs. what it can accomplish as a convener of payers, providers, consumers, etc.
- Figure out how the state can best leverage its influence as a major purchaser of health care services on the prices consumers are charged for services.
- Clinics losing money may need basic help from the State examining their accounting procedures as a first step in understanding where money goes because billing has become so complicated and/or significant changes are occurring.
- Develop new payment models for Medicare and Medicaid.
- The State needs to clarify what is/isn't already mandated for integration of physical and behavioral health as a result of past reform efforts associated with "mental health parity."
- Many of the CMS federal initiatives in Washington state are operated by partners that actively participate in regional health improvement collaboratives. Washington state has the opportunity to work with and learn from successful partnerships already working actively in our state.

Payment reform:

- CMS does not pay primary care providers enough as is. We need to address the reimbursement disparity for clinicians in order to robustly improve basic health care.
- The plan needs to address medical testing and treatments that are costly and documented to be ineffective (and more appealing to providers because they are more lucrative) vs. lower cost testing and treatments documented to be more effective (less appealing to providers because they generate less income or may need to be referred to other specialists).
- Competitive industry-driven payment models need consideration. Also stated as: How can plan and provider competition, now well-engrained in our entire system and in many ways inimical to collaboration, coordination, and integration, be accomplished?
- Payment reform might include matching funds from outside sources to third parties for confirmation of shared outcomes.

Other topics recommended for inclusion by Feedback Network members:

- Oral health
- Rural health
- Workforce development
- Growth of the elderly population
- Children living in poverty and impoverished environments (family social issues) should be included in "special needs populations"